

Name	Employer ID No.
Tax Period	Permit Number

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OUT-OF-STATE CIGARETTE SALES

	INVOICE DATE	INVOICE NUMBER	CUSTOMER NAME	CITY	NUMBER OF CIGARETTES		
					STATE OF	STATE OF	STATE OF
			Bring the balance forward from previous page CG 1502 ----->				
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20	CG 1502 Column Totals						

If this is the LAST PAGE of CG 1502, enter the grand total for all states on line 21.

If this is NOT the last page of CG 1502, carry the totals forward to the NEXT PAGE of CG 1502.

21		GRAND TOTAL FOR ALL STATES carry to CG 1550, line 7 ----->	
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Idaho State Tax Commission

FORM CG 1502

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21		GRAND TOTAL FOR ALL STATES carry to CG 1550, line 7 ----->	
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